

# TOWN OF SCITUATE

## BOARD OF HEALTH



600 Chief Justice Cushing Hwy  
Scituate, Massachusetts 02066  
Telephone (781) 545-8725  
Fax (781) 545-8866

To: Establishments Catering Events in Scituate  
From: Scituate Board of Health  
Date: February 2, 2019

Re: Scituate Board of Health Catering Registration Requirements

As part of 105 CMR 590.000, the State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments, caterers are required to notify the Scituate Board of Health when they are catering events in the Town. Therefore, we are providing this guidance and the attached updated catering registration form for completion.

In accordance with 105 CMR 590.009, a caterer with an annual catering permit issued by the Scituate Board of Health must complete and submit the attached form to the Board of Health office prior to serving a meal elsewhere than its own food service establishment.

If the catering business is based in a city/town other than Scituate, the following must be provided to the Scituate Board of Health prior to an event in Scituate:

- The attached catering registration form completed in its entirety
- Caterer Permit/Food Establishment Permit from the city/town in which caterer is located
- Copies of the last two inspection reports from the city/town in which caterer is based
- Copy of ServSafe/Food Safety Manager Certification
- Copy of allergen certificate for the person working at the event

This guidance and the registration form is available on the Scituate Board of Health website and will be updated as necessary. Please review the website for any updated guidance and contact our office at 781-545-8725 should you have any questions.

Sincerely,

Joan Schmid

Assistant Director of Public Health  
Scituate Board of Health



**Town of Scituate Board of Health**  
600 Chief Justice Cushing Highway  
Scituate, Massachusetts 02066  
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## CATERING REGISTRATION FORM

Today's Date: \_\_\_\_\_

Name of Caterer: \_\_\_\_\_

Caterer Address: \_\_\_\_\_

Caterer Phone Number: \_\_\_\_\_

Caterer Email Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Person In Charge (PIC) at Event: \_\_\_\_\_

Name and Address of Event: \_\_\_\_\_

Estimated Number of Meals to be Served: \_\_\_\_\_

Detailed Menu (listed here or provided as attachment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of temperature control methods at event (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Description of food waste and garbage disposal: \_\_\_\_\_

Location of hand wash facility for staff at event: \_\_\_\_\_

Signature of Caterer: \_\_\_\_\_

**If the caterer has an annual catering permit issued by the Town of Scituate:**

This completed form must be provided to the Scituate Board of Health prior to serving a meal elsewhere than its own food service establishment in accordance with 105 CMR 590.009.

**If the caterer is based in a city/town other than Scituate:**

This completed form and required documentation identified below must be provided to the Scituate Board of Health prior to serving a meal elsewhere than its own food service establishment in accordance with 105 CMR 590.009.

- 1) caterer Permit/Food Establishment Permit from the city/town in which caterer is located
- 2) copies of the last two inspection reports from the city/town in which caterer is based
- 3) copy of ServSafe/Food Safety Manager Certification
- 4) copy of allergen certificate for the person working at the event